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Date of Deposit <u>December 5, 2001</u>	Label Number: <u>EL509047508US</u>
I hereby certify under 37 C.F.R. § 1.10 that this correspondence is being deposited with the United States Postal Service as "Express Mail Post Office to Addressee" with sufficient postage on the date indicated above and is addressed to: Box Patent Application, United States Patent and Trademark Office, P.O. Box 2327, Arlington, VA 22202.	
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10/005642

UTILITY PATENT APPLICATION TRANSMITTAL UNDER 37 C.F.R. § 1.53(b)	
Attorney Docket Number	50047/009002
Applicant	Stephen T. Sonis
Title	TREATMENT OF INFLAMMATORY ORAL DISEASES WITH A COMBINATION OF INHIBITORS OF TNF- α AND IMMUNOSUPPRESSIVE AGENTS
PRIORITY INFORMATION:	
This application claims the benefit of the filing date of United States provisional patent application 60/251,736, filed December 5, 2000.	
SMALL ENTITY STATUS:	
<input checked="" type="checkbox"/> Applicant claims small entity status under 37 C.F.R. § 1.27.	
APPLICATION ELEMENTS:	
Cover sheet	1 pages
Specification	4 pages
Claims	1 pages
Abstract	1 page
Drawing	0 sheets
Combined Declaration and POA, which is: <input checked="" type="checkbox"/> Unsigned; <input type="checkbox"/> Newly signed for this application; <input type="checkbox"/> A copy from prior application [**SERIAL NUMBER**] and the entire disclosure of the prior application is considered as being part of the disclosure of this new application and is hereby incorporated by reference therein.	2 pages
Sequence Statement	[**] pages
Sequence Listing on Paper	[**] pages
Sequence Listing on Diskette	[**] disk

Small Entity Statement, which is: <input type="checkbox"/> A copy from prior application [**SERIAL NUMBER**] and such small entity status is still proper and desired.	[**] pages
Preliminary Amendment	[**] pages
IDS	[**] pages
Form PTO 1449	[**] pages
Cited References	[**] references
Recordation Form Cover Sheet and Assignment	[**] pages
English Translation	[**] pages
Certified Copy of Priority Document	[**] pages
Return Receipt Postcard	1
FILING FEES:	
Basic Filing Fee: \$370	\$370
Excess Claims Fee: [**TOTAL**] - 20 x \$18/\$9	\$0
Excess Independent Claims Fee: [**TOTAL**] - 3 x \$84/\$42	\$0
Multiple Dependent Claims Fee: \$280/\$140	\$0
Total Fees:	\$370
<input checked="" type="checkbox"/> Enclosed is a check for \$370 to cover the total fees. <input type="checkbox"/> Charge [**AMOUNT**] to Deposit Account No. 03-2095 to cover the total fees. <input type="checkbox"/> The filing fee is not being paid at this time. <input checked="" type="checkbox"/> Please apply any other charges, or any credits, to Deposit Account No. 03-2095.	
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